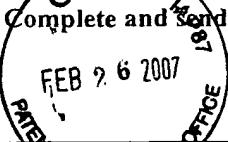


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
Commissioner for Patents
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7590 11/22/2006

SCULLY, SCOTT, MURPHY & PRESSER
 400 GARDEN CITY PLAZA
 GARDEN CITY, NY 11530

02/27/2007 RFEKADU2 00000114 09246307

01 FC:2301 700.00 OP

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Mark J. Cohen	(Depositor's name)
<i>Mark J. Cohen</i>	(Signature)
February 22, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/246,307	02/08/1999	ALAN P. KOZIKOWSKI	9928-0009-99	6016

TITLE OF INVENTION: CYCLIC DIPEPTIDES AND AZETIDINONE COMPOUNDS AND THEIR USE IN TREATING CNS INJURY AND NEURODEGENERATIVE DISORDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO (ES)	\$1400	\$700	\$0	\$1400	02/22/2007
EXAMINER	ART UNIT				CLASS-SUBCLASS	
Gupta, Anish	1654				514-183000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Scully, Scott,
Murphy & Presser, P.C.
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Georgetown University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Washington, D.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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 Payment by credit card. Form PTO-2038 is attached.
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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date February 22, 2007

Typed or printed name

Mark J. Cohen

Registration No. 32,211

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